

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Received by (Please Print Clearly) <i>Chadd Pye</i></p> | |
| | | <p>B. Date of Delivery <i>03-12-01</i></p> | |
| | | <p>C. Signature <input checked="" type="checkbox"/> <i>Chadd Pye</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p> | |
| <p>1. Article Addressed to:</p> <p>John Ashcroft, Attorney General U. S. Department of Justice P.O. Box 878, Ben Franklin Station Washington D. C. 20044</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> | |
| | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number (Copy from service label) <i>7099 3400 0001 4826 4951</i> <i>1-CV-01-184</i> <i>J. K. Anderson</i> <i>3-6-01</i> </p> | | | |
| <p>PS Form 3811, July 1999 Domestic Return Receipt <i>192</i> 102595-00-M-0952</p> | | | |

FILED
HARRISBURG, PA

APR 04 2001

MARY E. D'ANDREA, CLERK
Per *[Signature]*
Deputy Clerk

1-CV-01-184
S.C. Anderson
3-6-01